

471-000-78 Nebraska Medicaid Form Locator Requirements for Form CMS-1450 (UB-92)

Following is a summary of the form locator (FL) requirements for completion of Form CMS-1450 (UB-92) for Nebraska Medicaid. For claim form completion, use the instructions outlined in the following appendices:

- Home health services (see 471-000-57);
- Mental health/substance abuse services (see 471-000-64);
- Federally qualified health center services (see 471-000-76); and
- Rural health clinic services (see 471-000-77); and
- Hospital services (see 471-000-83).

FL	Data Element Description	Hospital Medical/Surgical	Home Health	Mental Health/Substance Abuse	Rural Health Clinic	Federally Qualified Health Center
1.	Provider Name, Address & Telephone Number	Required	Required	Required	Required	Required
3.	Patient Control Number	Required	Required	Required	Required	Required
4.	Type of Bill	Required	Required	Required	Required	Required
5.	Federal Tax Number	Recommended	Recommended	Recommended	Recommended	Recommended
6.	Statement Covers Period	Required	Required	Required	Required	Required
7.	Covered Days	Situational	Not Used	Situational	Not Used	Not Used
8.	Non-Covered Days	Situational	Not Used	Situational	Not Used	Not Used
9.	Coinsurance Days	Not Used	Not Used	Not Used	Not Used	Not Used
10.	Lifetime Reserve Days	Not Used	Not Used	Not Used	Not Used	Not Used
12.	Patient Name	Required	Required	Required	Required	Required
13.	Patient Address	Recommended	Recommended	Recommended	Recommended	Recommended
14.	Patient Birthdate	Required	Required	Required	Required	Required
15.	Patient Sex	Required	Required	Required	Required	Required
16.	Patient Marital Status	Not Used	Not Used	Not Used	Not Used	Not Used
17.	Admission/Start of Care Date	Situational	Required	Situational	Not Used	Not Used
18.	Admission Hour	Situational	Not Used	Situational	Not Used	Not Used
19.	Type of Admission/ Visit	Required	Not Used	Required	Not Used	Not Used
20.	Source of Admission	Required	Not Used	Required	Required	Required
21.	Discharge Hour	Situational	Not Used	Situational	Not Used	Not Used
22.	Patient Status	Situational	Not Used	Situational	Not Used	Not Used
23.	Medical/Health Record Number	Required	Required	Required	Required	Required

FL	Data Element Description	Hospital Medical/ Surgical	Home Health	Mental Health/ Substance Abuse	Rural Health Clinic	Federally Qualified Health Center
24.-30.	Condition Codes	Situational	Situational	Situational	Situational	Situational
32.-35.	Occurrence Codes and Dates	Situational	Situational	Situational	Situational	Situational
36.	Occurrence Span Code and Dates	Situational	Not Used	Situational	Situational	Situational
37.	Internal Control Number (ICN)/ Document Control Number (DCN)	Situational	Situational	Situational	Situational	Situational
38.	Responsible Party Name and Address	Not Used	Not Used	Not Used	Not Used	Not Used
39.-41.	Value Codes and Amounts	Situational	Situational	Situational	Situational	Situational
42.	Revenue Code	Required	Required	Required	Required	Required
43.	Revenue Description	Situational	Situational	Not Used	Situational	Situational
44.	HCPCS/Rates/HIPPS Rate Codes	Situational	Required	Situational	Required	Required
45.	Service Date	Situational	Situational	Situational	Not Used	Not Used
46.	Units of Service	Required	Required	Required	Required	Required
47.	Total Charges (by Revenue Code Category)	Required	Required	Required	Required	Required
48.	Non-Covered Charges	Situational	Situational	Situational	Situational	Situational
50.	Payer Identification	Not Used	Not Used	Not Used	Not Used	Not Used
51.	Provider Number	Required	Required	Required	Required	Required
52.	Release of Information Certification Indicator	Not Used	Not Used	Not Used	Not Used	Not Used
53.	Assignment of Benefits Certification Indicator	Not Used	Not Used	Not Used	Not Used	Not Used
54.	Prior Payments - Payers and Patient	Situational	Situational	Situational	Situational	Situational
55.	Estimated Amount Due	Not Used	Not Used	Not Used	Not Used	Not Used
58.	Insured's Name	Required	Required	Required	Required	Required
59.	Patient's Relationship to Insured	Required	Required	Required	Required	Required

FL	Data Element Description	Hospital Medical/ Surgical	Home Health	Mental Health/ Substance Abuse	Rural Health Clinic	Federally Qualified Health Center
60.	Certificate/Social Security Number/Health Insurance Claim/ Identification Number	Required	Required	Required	Required	Required
61.	Insured Group Name	Situational	Situational	Situational	Situational	Situational
62.	Insurance Group Number	Situational	Situational	Situational	Situational	Situational
63.	Treatment Authorization Code	Not Used	Situational	Situational	Not Used	Not Used
64.	Employment Status Code of the Insured	Not Used	Not Used	Not Used	Not Used	Not Used
65.	Employer Name of the Insured	Not Used	Not Used	Not Used	Not Used	Not Used
66.	Employer Location of the Insured	Not Used	Not Used	Not Used	Not Used	Not Used
67.	Principal Diagnosis Code	Required	Required	Required	Required	Required
68.-75.	Other Diagnosis Codes- ICD-9-CM	Situational	Situational	Situational	Situational	Situational
76.	Admitting Diagnosis/Patient's Reason for Visit	Situational	Not Used	Situational	Not Used	Not Used
77.	External Cause of Injury Code (E-Code)	Situational	Situational	Situational	Situational	Situational
79.	Procedure Coding Method Used	Not Used	Not Used	Not Used	Not Used	Not Used
80.	Principal Procedure Code and Date	Situational	Not Used	Not Used	Not Used	Not Used
81.	Other Procedure Codes and Dates	Situational	Not Used	Not Used	Not Used	Not Used
82.	Attending Physician ID	Required	Required	Required	Required	Required
83.	Other Physician ID	Not Used	Not Used	Not Used	Not Used	Not Used
84.	Remarks	Situational	Situational	Situational	Situational	Situational
85.	Provider Representative Signature	Required	Required	Required	Required	Required
86.	Date Bill Submitted	Required	Required	Required	Required	Required